MI AVAILABLE ()

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 | | | | Application or Docket Number 2045 5 2021100 | | | | |
|---|--|---|----------------------|---|----------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | 5 | | RATE | FEE | OR 1 | | | |
| FOR | NUMBER FILED | NUMBER EXTRA | | EE 370.00 | 1 | RATE | FEE | |
| TOTAL CHARGEABLE CLAIMS | 7 minus 20= | * | X\$ 9 | | | BASIC FEE | 740.00 | |
| INDEPENDENT CLAIMS | 1 minus 3 = | A | <u> </u> | | OR | | ļ | |
| MULTIPLE DEPENDENT CLAIM PI | | | X42= | | OR | X84= | | |
| * If the difference in column 4 is | | | +140= | = | OR | +280= | | |
| * If the difference in column 1 is I | | | TOTA | L | OR | TOTAL | 740 | |
| CLAIMS AS A (Column: 1) | MENDED - PAF | | SMAI | L ENTITY | . | OTHER | THAN | |
| CLAIMS | PIGH NUM, PREVIC PAID | EST JER PRESENT DUSLY EXTRA | RATE | ADDI- IONAL FEE | OR | RATE | ADDI- TIONAL FEE | |
| AFTER AMENDMENT Total Independent | Minus 🚜 💆 | V | X\$ 9= | | 09 | X\$ 18= | | |
| FIRST PRESENTATION OF MU | Minus ** | | X42= | | OR | X84= | | |
| The state of the | CHECE DEPENDENT | CLAIM | +140= | | OR | +280= | 4 | |
| | | | TOTA ADDIT, FEI | | ر ۲ | TOTAL | | |
| (Colum 1) | (Colun | n,1) /Dolumn 3) | ADDIT. FEI | | д | DDIT. FEE (| | |
| CLAIN REMAINI G AFTE AFTE AFTE AFTE AFTE AFTE AFTE AFTE | HIGH HUA PERVIC LUCT | ER PRISENT USIY EXTRA | RATE | DI- UNAL | | RATE | ADDI- TIONAL FEE | |
| Total | Minus **C - | = | X\$ 9≈ | | OR | X\$18= | | |
| Independent of FIRST PRESS FION OF MUL | Minus *** ** TIPLE DEPENDENT | CLAM; | X42= | | B | X84= | | |
| | | | +140= | 0 | R | +280= | / | |
| 0 | | | TOTAL ADDIT. FEE | | R AC | TOTAL DIT. FEE | | |
| 37 (1.11) | (C. 34) | | | | | | | |
| Total M | NUMED PARVIOU 12. D.F.1 | IN LIVISENT LUTRA | RATE | DDI- DNAL EE | | | ADDI- FEE | |
| Total N | finus ** | | ·X\$ 9= | 01 | R> | X\$18≅ | | |
| FIRST PRES MUL | TIPLE DEPENDENT | | X42= | 01 | a [| X84= | | |
| * If the entry in cc | entry in column 2 lite "6 | Ti colt 3. | +140= | OF | 3 | ·280= | | |
| ** If the "Highest y Paid ***If the "Highest Paid | For IN THIS SP/ Elis II For IN THIS SP/ Elis II | esh da will uiter "20." es in a lader "3." | TOT. L ADDIT. FEL | OF | AUL | TOTAL DIT. FEE | | |
| The "Highest No. 12 Paid F | or (Total or Indepde) |) is the contact number for | and in the 🕌 | iate box in o | columi | n 1. | | |

\$\$1 FOPC ... \$1.40 - \$7.59197

Patient and Traile. Office, U.S. DEPARTMENT OF COMMERCE

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